

November 30, 2021

Representative Bronna Kahle, Chair House Health Policy Committee Committee Members

Re: HB 5165 Ability-to-Pay bill

We would like to thank the Committee and the Chair Representative Bronna Kahle for the opportunity to testify in support of House Bill 5165.

This bill aligns the state behavioral health ability-to-pay (ATP) scale as required under MCL 330.1818 (Mental Health Code) and as operationalized by State administrative rule R 330.8239 (2) with the ability to pay guidelines of the federal government. Why is passage of this bill so critical for our state?

It is because the misalignment of the State's ATP with the federal government is causing access issues for consumers and potential consumers of the Community Mental Health (CMH) system in the State of Michigan. How? Two reasons:

- 1. This misalignment with the federal government's ATP causes CMH's in designated underserved areas of the State (mostly rural area's) to not able to participate in the National Health Service Corp (NHSC) student loan repayment program. This is a program that is 100% federally funded wherein a student who commits to working 3 years in a designated underserved area can, after completion of their service, have their student loans repaid up to \$50,000 a year. The student must work at a federally approved location and currently CMH's can no longer be approved sites going forward due to the ATP misalignment. This exacerbates an already acute staffing shortage and thus reduces access to care for countless citizens seeking treatment.
- 2. When the ATP is aligned Clients seeking treatment will have an up-to-date ATP that accounts for inflation and their monthly fee the CMH collects will be reduced accordingly making services for the uninsured less costly for individuals.

From a fiscal standpoint we would like to take a moment and note this bill have no additional costs to the State of Michigan as tuition reimbursement under the NHSC is 100% federal and no additional State general funds required to implement under the Non-Medicaid CMH line in fiscal boilerplate. There would be a nominal loss of revenue to the local CMH's from client collects, however those funds are rarely recouped by the CMH despite our best efforts.

We have lost staff and are struggling to fill our open positions at this time as we can't offer the \$50,000 loan repayment program to our current staff let alone to our new hires. We currently have 3 staff that would like to participate in this program but are unable to as this time due to us losing our eligibility due to the sliding scale fee issue. Not only do staff once enrolled get \$50,000.00 the first year they can reapply year after year up to 5 years. For year 1 and 2 they qualify for \$50,000 each year, years 3 and 4 \$20,000 each year and anything beyond 5 years and still have loans to pay they qualify for \$10,000.00.

The staff we have lost due to not being able to continue in this program has been crucial to us (Autism and Jail Services). The worry also is if we don't get reenrolled and current staff enrolled which we have 5 will loose their additional years as when they go to reapply for the next year, they will not be eligible to due to us not being an active CMH. This will start hitting us in 2022.

Thank you again for this opportunity,

Sincerely,

Joseph "Chip" Johnston, LMSW

Executive Director, Centra Wellness Network

Cassie Lietaert, Human Resource Manager

Centra Wellness Network